

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-09-2003 90035 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000034662

1. Entity Name
ANTENA 1 INC.

W ✓



55052157

Principal Place of Business
523 TIVOLI TRACE CR #103
DEERFIELD BEACH, FL 33441

Mailing Address
523 TIVOLI TRACE CR #103
DEERFIELD BEACH, FL 33441

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0007524

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARBO, CLAUDIA
523 TIVOLI TRACE CR #103
DEERFIELD BEACH, FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(MORE Registered Agent signatures required when necessary)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P&D
ARBO, CLAUDIA D
523 TIVOLI TRACE CR #103
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
RESTREPO, MARCO A
523 TIVOLI TRACE CR #103
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Claudia Arbo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/03 (954) 2925121

Date Daytime Phone #

CP20034 (10/02)